	13		CATE OF LIABIL	ITY INS	URANC	E 4007/00/	3 05/22/2006	
PRODUCER (724)349-1300 FAX (724)349-1446 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE								
		hiladelphia Street				TE DOES NOT AMEND FFORDED BY THE POL		
_		Box 449 na, PA 15701			AFFORDING CO	1 70	NAIC#	
INSURED UtahAmerican Energy, Inc.					INSURER A: Federal Insurance Company			
		375 Carbon Avenue			V			
	I	Price, UT 84501		INSURER C:	INSURER C:			
				INSURER D:	INSURER D:			
				INSURER E:				
T A N	HE PC NY RE IAY PE	AGES DICIES OF INSURANCE LISTED BEL QUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN MA	I OF ANY CONTRACT OR OTHER DO D BY THE POLICIES DESCRIBED HI	DCUMENT WITH F EREIN IS SUBJECT	RESPECT TO WHIC	H THIS CERTIFICATE MAY	BE ISSUED OR	
NSR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S	
Α		GENERAL LIABILITY		06/01/2006	06/01/2007	EACH OCCURRENCE	\$ 1,000,000	
		X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1,000,000	
						MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 3,000,000	
		X POLICY PRO- JECT LOC	İ			PRODUCTS - COMP/OP AGG	\$ 2,000,000	
A		AUTOMOBILE LIABILITY X ANY AUTO	-	06/01/2006	06/01/2007	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				AUTO ONLY:	\$	
В		EXCESS/UMBRELLA LIABILITY		06/01/2006	06/01/2007	EACH OCCURRENCE	\$ 25,000,000	
		X OCCUR CLAIMS MADE		. ,	, ,	AGGREGATE	\$ 25,000,000	
		DEDUCTIBLE					\$	
		RETENTION \$					\$	
		KERS COMPENSATION AND OYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER		
	ANY	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
	If yes,	describe under				E.L. DISEASE - EA EMPLOYEE		
,	OTHE	R lal PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTIC	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSEM	MENT / SPECIAL PRO	VISIONS		RECEIVED	
		ON OF OPERATIONS / LOCATIONS / VEHIC Liability Coverage is ce: Horse Canyon Mine					MAY 3 0 2006	
ub ien	side eral	nce Coverage is include Liability Policy.	ed with \$500,000 proper	ty damage d	eductible pe	r claim under the	OF OIL. GAS 8 MM	
ÇE	RTIFI	CATE HOLDER		CANCELLAT	ION			
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE			
State of Utah Division of Oil, Gas, and Mining Attn: Pam Grubaugh-Littig 1594 West North Temple Suite 1210				EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MANY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
		Salt Lake City, UT 8411	4-5801	AUTHORIZED REPRESENTATIVE				
				Karen Williams/KAREN Karen Williams				

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.